

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4	1					
5		1				
6		2		1		1
7		2		1		1
8		2		1		1
9		2		1		1
10		2		1		1
11		2		1		1
12		2		1		1
13		2		1		1
14		2		1		1
15		2		1		1
16		2		1		1
17		2		1		1
18		2		1		1
19		2		1		1
20		2		1		1
21		1		1		1
22	1					
23		1				
24		1				
25	1					
26		1				
27		2		1		1
28		2		1		1
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TOTAL IND.	4		1		1	
TOTAL DEP.	55		18		17	
TOTAL CLAIMS	59		19		18	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						